

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. 2483 Page 1 of 2
Agency Department of Budget and Management		Division/Unit Employee Benefits Division
Item No.	Description	Retention
	<u>Supersedes Schedule 2442</u> 1. Reimbursement Request/Health Care Spending Account Files These files are State Employees' health care spending accounts listing their expenses for the year. Itemized bills are attached to each file. 2. Direct Pay Payment Coupons These files are the daily payment records that document members' payments for benefit premiums. These are the payments that have been posted at the bank and forwarded to us for our records. 3. Batch Files for Direct Pay These files contain the daily work of the employees in the direct pay unit. They include enrollment forms for COBRA, Leave of Absence (Military, On the job Injury, Personal) Contractual, Part-Time; reporting documentation; address changes; cancellations, etc.	Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy. Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy. Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy.
Schedule Approved by Department, Agency, or Division Representative. Date 02/23/09 Signature <u>Kelly A Valentine</u> Typed Name <u>Kelly A Valentine</u> Title <u>Manager, Direct Pay Unit</u>		Schedule Authorized by State Archivist Date <u>14 May 09</u> Signature <u>[Signature]</u>

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. 2483

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Agency: Department of Budget and Management Division/Unit: Employee Benefits Division

Item No.	Description	Retention
4.	<p>Enrollment Unit Batches</p> <p>These files contain the daily work of employees in the Employee Benefits Division. They include enrollment forms for Central, University, and Satellite account employees, documentation, name/address changes, Notice of Terminations, transfers, dependent verification audits, student/disability certification error reports.</p>	<p>Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy.</p>
5.	<p>Correspondence: These Files contain correspondence letters to the EBD from employees, retirees, and others covered by the State of Maryland Benefit System.</p>	<p>Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy.</p>
6.	<p>Retirement Batches: These files contain the daily work of employees in the Employee Benefits Division. They include enrollment forms for Retirees for the State of Maryland, documentation, name/address changes, audit and reporting information.</p>	<p>Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy.</p>
7.	<p>Life Insurance Beneficiary Forms: These files contain the life insurance beneficiary forms for The Standard. The Standard is our former life insurance carrier. As of July 1, 2008, we switched to a different carrier, but must keep these forms.</p>	<p>Retain for seven (7) years and until IRS audit requirements have been fulfilled, then destroy.</p>

<u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency Department of Budget and Management		2. Division Employee Benefits Division		3. Unit Direct Pay Unit	
DEFINITION - RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>item 7</i> Life Insurance Beneficiary Forms				5. Earliest Year/Latest Year Unknown to 2008	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) These files contain the life insurance beneficiary forms for The Standard.					
7. Record Series Format(s) List all <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) ____25____ Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____Storage boxes _____	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) _N/A_ Number <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) :	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After ____7____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 301 West Preston Street – 5 th Floor, Room 510			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HIPAA			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention Retain for 7 years and until IRS audit requirements have been fulfilled then destroy.		
19. Name and Title of Preparer Kelly A. Valentine, PHR Manager, Direct Pay Unit		20. Telephone Number 410.767.4690		21. Date 1/22/08	